SECTION 00 45 19 - DISCLOSURE STATEMENT



State of Alabama Disclosure Statement

(Required by Act 2001-955)

ENTITY COMPLETING FORM		
ADDRESS		
CITY, STATE, ZIP		TELEPHONE NUMBER
STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES Armory Commission of Alabama	S, OR IS RESPONSIBLE FOR GRANT AWARD	
1720 Congressman W. L. Dickinson [Orive	
Montgomery, AL 36109		(334) 271-7274
This form is provided with: Contract Proposal Request	for Proposal Invitation to Bid	Grant Proposal
Have you or any of your partners, divisions, or any ragency/Department in the current or last fiscal year. Yes No If yes, identify below the State Agency/Department to vided, and the amount received for the provision of states.	? hat received the goods or services, the	
STATE AGENCY/DEPARTMENT	TYPE OF GOODS/SERVICES	AMOUNT RECEIVED
Have you or any of your partners, divisions, or any r Agency/Department in the current or last fiscal year' Yes No If yes, identify the State Agency/Department that aw	?	
STATE AGENCY/DEPARTMENT	DATE GRANT AWARDED	AMOUNT OF GRANT
List below the name(s) and address(es) of all put any of your employees have a family relationship Identify the State Department/Agency for which the state Department (see the context of the conte	and who may directly personally bene	fit financially from the proposed transaction
NAME OF PUBLIC OFFICIAL/EMPLOYEE	ADDRESS	STATE DEPARTMENT/AGENCY

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Notary's Signature

immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.) NAME OF PUBLIC OFFICIAL/ STATE DEPARTMENT/ **FAMILY MEMBER ADDRESS** PUBLIC EMPLOYEE AGENCY WHERE EMPLOYED If you identified individuals in items one and/or two above, describe in detail below the direct financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.) Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.) List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, invitation to bid, or grant proposal: NAME OF PAID CONSULTANT/LOBBYIST By signing below, I certify under oath and penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed \$10,000.00, is applied for knowingly providing incorrect or misleading information. Signature Date

2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your

Act 2001-955 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of \$5,000.

Date

Date Notary Expires